

ANNUAL STATEMENT

For the Year Ending December 31, 2003

OF THE CONDITION AND AFFAIRS OF THE

CARE CHOICES HMO

NAIC Group Code	0000	0000	NAIC Company Code	95452	Employer's ID Number	38-2694901
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[]		Property/Casualty[]		Hospital, Medical & Dental Service or Indemnity[]	
	Dental Service Corporation[]		Vision Service Corporation[]		Health Maintenance Organization[X]	
	Other[]		Is HMO Federally Qualified? Yes[X] No[]			
Date Incorporated or Organized	07/08/1986			Date Commenced Business	01/01/1987	
Statutory Home Office	34605 Twelve Mile Road			Farmington Hills, MI 48331		
	(Street and Number)			(City, or Town, State and Zip Code)		
Main Administrative Office	34605 Twelve Mile Road					
	(Street and Number)					
	Farmington Hills, MI 48331			(248)489-6292		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	34605 Twelve Mile Road			Farmington Hills, MI 48331		
	(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)		
Primary Location of Books and Records	34605 Twelve Mile Road					
	(Street and Number)					
	Farmington Hills, MI 48331			(248)489-6292		
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.carechoices.com					
Statutory Statement Contact	Donna J. West			(248)489-6292		
	(Name)			(Area Code)(Telephone Number)(Extension)		
	WESTD@trinity-health.org			(248)489-6191		
	(E-Mail Address)			(Fax Number)		
Policyowner Relations Contact						
	(Street and Number)					
				(Area Code) (Telephone Number)(Extension)		
	(City, or Town, State and Zip Code)					

OFFICERS

President (and CEO)	William R. Alvin
Secretary	Jeanne Dunk
Treasurer (CFO)	Michael R. Koziara
Chief Medical Officer	Gilbert Burgos MD

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

James H. Peppiatt-Combes
William R. Alvin
Mary Ellen Howard RSM
Agnes Spitza
Garry Faja

Jay Herron
Howard B. Weinblatt MD
Lisa Reed
Paul Hughes-Cromwick

Paul Harkaway MD
Molly Resnik
Michael Slubowski
AkkeNeel Talsma

State of Michigan
County of Oakland ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
William R. Alvin	Jeanne Dunk	Michael R. Koziara
(Printed Name)	(Printed Name)	(Printed Name)
President (and Chief Executive Officer)	Secretary	Treasurer (Chief Financial Officer)

Subscribed and sworn to before me this _____ day of _____, 2004	a. Is this an original filing?	Yes[X] No[]
	b. If no,	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

(Notary Public Signature)

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
Visteon	386,040	10,453	13,619			410,110
DTE Energy	114,185					114,185
Ford Motor	75,317					75,317
Bay Logistics	72,517					72,517
American House Senior Living	26,723					26,723
Walgreens	20,824					20,824
Johnson and Johnson	19,588		399			19,987
Proto Fab & Fixture	7,766	7,541				15,307
MCN Detroit Rep	14,705					14,705
Synod Residential	14,061					14,061
Charter House of Farmington	13,448					13,448
Boulevard & Trumbull	359	8,426	2,241			11,025
Concessions Michigan	12,356					12,356
Evergreen Children's	11,073					11,073
Kern Hospital & Med	10,641					10,641
B. J. Steel	8,866	1,158				10,025
0299997 Subtotal - Group Subscribers:	808,469	27,577	16,258			852,304
0299998 Premium due and unpaid not individually listed	152,286					152,286
0299999 Total group	960,755	27,577	16,258			1,004,590
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 12) ..	960,755	27,577	16,258			1,004,590

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Receivables not individually listed						
Express Scripts	303,481	257,825				561,306
Merck	261,000	261,152				522,152
Astrazeneca	105,000	148,358				253,358
GlaxioSmithKline	69,000	69,366				138,366
Aventis	68,000	69,145				137,145
.....						
.....						
0499999 Total - Receivables not individually listed	11,114	5,668				16,782
0599999 Health care receivables	817,595	811,514				1,629,109

EXHIBIT 5 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
REGENTS OF THE UNIVERSITY OF MICHIGAN	101,193					101,193
PROVIDENCE HOSPITAL	79,374					79,374
ANN ARBOR HEMATOLOGY ONC.	53,018					53,018
CHELSEA COMMUNITY HOSPITAL	51,122					51,122
REG OF U/M HEALTH SYSTEM	47,075					47,075
MICHIGAN HEART, PC	41,462					41,462
ST. JOSEPH MERCY OAKLAND	37,135					37,135
ST JOSEPH MERCY HOSPITAL	30,167					30,167
WILLIAM BEAUMONT HOSPITAL	28,793					28,793
HARPER-HUTZEL HOSPITAL	26,668					26,668
EPMG OF MICHIGAN	26,416					26,416
YPSILANTI DIALYSIS	24,479					24,479
ATRIUM HOME & HEALTHCARE INC	23,490					23,490
CRAIG CATTELL, MD	21,687					21,687
ST. JOHN HOSPITAL & MEDICAL CENTER	20,816					20,816
ANES ASSOC OF ANN ARBOR PC	20,522					20,522
HENRY FORD HOSPITAL	19,914					19,914
OAKWOOD HOSPITAL & MEDICAL CENTER	17,590					17,590
HURON VALLEY-SINAI HOSPITAL	15,632					15,632
TECK SOO, MD	14,418					14,418
ANNAPOLIS HOSPITAL	13,987					13,987
ST. JOSEPH MERCY HOSPITAL, AAHI	13,509					13,509
YPSILANTI DIALYSIS	13,502					13,502
HENRY FORD WYANDOTTE HOSPITAL	10,517					10,517
CRITTENTON HOSPITAL	10,341					10,341
0199999 Total - Individually Listed Claims Unpaid	762,823					762,823
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	5,796,989	440,699	207,822	189,820	93,070	6,728,400
0499999 Subtotals	6,559,812	440,699	207,822	189,820	93,070	7,491,223
0599999 Unreported claims and other claim reserves						15,272,882
0699999 Total Amounts Withheld						1,322,076
0799999 Total Claims Unpaid						24,086,181
0899999 Accrued Medical Incentive Pool and Bonus Amounts						365,593

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
St. Joseph Mercy Hospital	27,903					27,903	
Alexander Living Center	2,135					2,135	
0199999 Total - Individually listed receivables	30,038					30,038	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	30,038					30,038	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
Mercy Oakland Physician Network	Administrative fee	4,732	4,732	
Trinity Home Health Services	premium overpayment	720	720	
0199999 Total - Individually listed payables	X X X	5,452	5,452	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	5,452	5,452	

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	60,320,706	27.160	102,251	100.000	48,628,395	11,692,311
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	60,320,706	27.160	102,251	100.000	48,628,395	11,692,311
Other Payments:							
5.	Fee-for-service	28,245,750	12.718	X X X	X X X		28,245,750
6.	Contractual fee payments	37,874,504	17.054	X X X	X X X		37,874,504
7.	Bonus/withhold arrangements - fee-for-service	6,360,310	2.864	X X X	X X X		6,360,310
8.	Bonus/withhold arrangements - contractual fee payments	45,410,077	20.447	X X X	X X X	13,024,346	32,385,731
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments	43,880,510	19.758	X X X	X X X		43,880,510
12.	Total other payments	161,771,151	72.840	X X X	X X X	13,024,346	148,746,805
13.	Total (Line 4 plus Line 12)	222,091,857	100.000	X X X	X X X	61,652,741	160,439,116

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95452

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	120,679		120,679										
2. First Quarter	101,598		101,598										
3. Second Quarter	100,200		100,200										
4. Third Quarter	101,621		101,621										
5. Current Year	102,251		102,251										
6. Current Year Member Months	1,219,236		1,219,236										
Total Member Ambulatory Encounters for Year:													
7. Physician	269,556		269,556										
8. Non-Physician	482,917		482,917										
9. Total	752,473		752,473										
10. Hospital Patient Days Incurred	38,759		38,759										
11. Number of Inpatient Admissions	7,765		7,765										
12. Health Premiums Collected	256,212,150		256,201,507						10,643				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	255,520,538		255,516,901						3,637				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	222,091,857		221,552,965					341	538,551				
18. Amount of Incurred for Provision of Health Care Services	219,607,756		219,803,060					(19,479)	(175,825)				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

35 Grand Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Company Code 95452

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	120,679		120,679										
2. First Quarter	101,598		101,598										
3. Second Quarter	100,200		100,200										
4. Third Quarter	101,621		101,621										
5. Current Year	102,251		102,251										
6. Current Year Member Months	1,219,236		1,219,236										
Total Member Ambulatory Encounters for Year:													
7. Physician	269,556		269,556										
8. Non-Physician	482,917		482,917										
9. Total	752,473		752,473										
10. Hospital Patient Days Incurred	38,759		38,759										
11. Number of Inpatient Admissions	7,765		7,765										
12. Health Premiums Collected	256,212,150		256,201,507						10,643				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	255,520,538		255,516,901						3,637				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	222,091,857		221,552,965					341	538,551				
18. Amount of Incurred for Provision of Health Care Services	219,607,756		219,803,060					(19,479)	(175,825)				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement) .....	.....
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10 .....	.....
2.2	Totals, Part 3, Column 7 .....	.....
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	.....
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13 .....	.....
4.2	Totals, Part 3, Column 9 .....	.....
5.	Total profit (loss) on sales, Part 3, Column 14 .....	.....
6.	Increase (decrease) by foreign exchange adjustment .....	.....
6.1	Totals, Part 1, Column 11 .....	.....
6.2	Totals, Part 3, Column 8 .....	.....
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12 .....	.....
8.	Book/adjusted carrying value at the end of current period .....	.....
9.	Total valuation allowance .....	.....
10.	Subtotal (Lines 8 plus 9) .....	.....
11.	Total nonadmitted amounts .....	.....
12.	Statement value, current period (Page 2, real estate lines, current period) .....	.....

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	.....
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	.....
2.2	Additional investment made after acquisitions .....	.....
3.	Accrual of discount and mortgage interest points and commitment fees .....	.....
4.	Increase (decrease) by adjustment .....	.....
5.	Total profit (loss) on sale .....	.....
6.	Amounts paid on account or in full during the year .....	.....
7.	Amortization of premium .....	.....
8.	Increase (decrease) by foreign exchange adjustment .....	.....
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	.....
10.	Total valuation allowance .....	.....
11.	Subtotal (Lines 9 plus 10) .....	.....
12.	Total nonadmitted amounts .....	.....
13.	Statement value of mortgages owned at end of current period .....	.....

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	.....
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	.....
2.2	Additional investment made after acquisitions .....	.....
3.	Accrual of discount .....	.....
4.	Increase (decrease) by adjustment .....	.....
5.	Total profit (loss) on sale .....	.....
6.	Amounts paid on account or in full during the year .....	.....
7.	Amortization of premium .....	.....
8.	Increase (decrease) by foreign exchange adjustment .....	.....
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	.....
10.	Total valuation allowance .....	.....
11.	Subtotal (Lines 9 plus 10) .....	.....
12.	Total nonadmitted amounts .....	.....
13.	Statement value of long-term invested assets at end of current period .....	.....

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Government, Schedules D & DA (Group 1)											
1.1	Class 1	1,002,200	730,659	157,105	569,656	1,611,984	4,071,604	67.30	1,598,399	43.55	4,071,604	
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS	1,002,200	730,659	157,105	569,656	1,611,984	4,071,604	67.30	1,598,399	43.55	4,071,604	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1		59,860			36,945	96,805	1.60	146,398	3.99	96,805	
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS		59,860			36,945	96,805	1.60	146,398	3.99	96,805	
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Class 1											
6.2	Class 2											
6.3	Class 3											
6.4	Class 4											
6.5	Class 5											
6.6	Class 6											
6.7	TOTALS											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1		504,135	561,722	152,804	663,083	1,881,744	31.10	1,925,879	52.47	1,881,744	
7.2	Class 2											
7.3	Class 3											
7.4	Class 4											
7.5	Class 5											
7.6	Class 6											
7.7	TOTALS		504,135	561,722	152,804	663,083	1,881,744	31.10	1,925,879	52.47	1,881,744	
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1											
8.2	Class 2											
8.3	Class 3											
8.4	Class 4											
8.5	Class 5											
8.6	Class 6											
8.7	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1											
9.2	Class 2											
9.3	Class 3											
9.4	Class 4											
9.5	Class 5											
9.6	Class 6											
9.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating Per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total From Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	1,002,200	1,294,654	718,827	722,460	2,312,012	6,050,153	100.00	X X X	X X X	6,050,153	
10.2 Class 2								X X X	X X X		
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 TOTALS	1,002,200	1,294,654	718,827	722,460	2,312,012	(b) 6,050,153	100.00	X X X	X X X	6,050,153	
10.8 Line 10.7 as a % of Column 6	16.56	21.40	11.88	11.94	38.21	100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Class 1	1,022,029	1,473,726	504,495	53,345	617,081	X X X	X X X	3,670,676	100.00	3,670,676	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 TOTALS	1,022,029	1,473,726	504,495	53,345	617,081	X X X	X X X	(b) 3,670,676	100.00	3,670,676	
11.8 Line 11.7 as a % of Col. 8	27.84	40.15	13.74	1.45	16.81	X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Class 1	1,002,200	1,294,753	718,827	722,460	2,311,912	6,050,152	100.00	3,670,676	100.00	6,050,152	X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS	1,002,200	1,294,753	718,827	722,460	2,311,912	6,050,152	100.00	3,670,676	100.00	6,050,152	X X X
12.8 Line 12.7 as a % of Col. 6	16.56	21.40	11.88	11.94	38.21	100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	16.56	21.40	11.88	11.94	38.21	100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$..... current year, \$..... prior year of bonds with 5* designations and \$..... current year, \$..... prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Issuer Obligations	1,002,200	730,659	157,105	569,656	1,611,984	4,071,604	67.30	1,598,399	43.55	4,071,604	
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
1.7	TOTALS	1,002,200	730,659	157,105	569,656	1,611,984	4,071,604	67.30	1,598,399	43.55	4,071,604	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Issuer Obligations		59,860			36,945	96,805	1.60	146,398	3.99	96,805	
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3	Defined											
2.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5	Defined											
2.6	Other											
2.7	TOTALS		59,860			36,945	96,805	1.60	146,398	3.99	96,805	
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1	Issuer Obligations											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3	Defined											
3.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5	Defined											
3.6	Other											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Issuer Obligations											
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3	Defined											
4.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5	Defined											
4.6	Other											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1	Issuer Obligations											
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3	Defined											
5.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5	Defined											
5.6	Other											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations		489,137	471,769	92,111	356,770	1,409,787	23.30	1,925,879	52.47	1,409,787	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities		14,998	89,953	60,693	306,313	471,957	7.80			471,957	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS		504,135	561,722	152,804	663,083	1,881,744	31.10	1,925,879	52.47	1,881,744	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10.	Total Bonds Current Year											
10.1	Issuer Obligations	1,002,200	1,279,656	628,874	661,767	2,005,699	5,578,196	92.20	X X X	X X X	5,578,196	
10.2	Single Class Mortgage-Backed/Asset-Backed Securities		14,998	89,953	60,693	306,313	471,957	7.80	X X X	X X X	471,957	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
10.3	Defined								X X X	X X X		
10.4	Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:												
10.5	Defined								X X X	X X X		
10.6	Other								X X X	X X X		
10.7	TOTALS	1,002,200	1,294,654	718,827	722,460	2,312,012	6,050,153	100.00	X X X	X X X	6,050,153	
10.8	Line 10.7 as a % of Column 6	16.56	21.40	11.88	11.94	38.21	100.00	X X X	X X X	X X X	100.00	
11.	Total Bonds Prior Year											
11.1	Issuer Obligations	1,022,029	1,473,726	504,495	53,345	617,081	X X X	X X X	3,670,676	100.00	3,670,676	
11.2	Single Class Mortgage-Backed/Asset-Backed Securities						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
11.3	Defined						X X X	X X X				
11.4	Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:												
11.5	Defined						X X X	X X X				
11.6	Other						X X X	X X X				
11.7	TOTALS	1,022,029	1,473,726	504,495	53,345	617,081	X X X	X X X	3,670,676	100.00	3,670,676	
11.8	Line 11.7 as a % of Column 8	27.84	40.15	13.74	1.45	16.81	X X X	X X X	100.00	X X X	100.00	
12.	Total Publicly Traded Bonds											
12.1	Issuer Obligations	1,002,200	1,279,755	628,874	661,767	2,005,599	5,578,195	92.20	3,670,676	100.00	5,578,195	X X X
12.2	Single Class Mortgage-Backed/Asset-Backed Securities		14,998	89,953	60,693	306,313	471,957	7.80			471,957	X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
12.3	Defined											X X X
12.4	Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:												
12.5	Defined											X X X
12.6	Other											X X X
12.7	TOTALS	1,002,200	1,294,753	718,827	722,460	2,311,912	6,050,152	100.00	3,670,676	100.00	6,050,152	X X X
12.8	Line 12.7 as a % of Column 6	16.56	21.40	11.88	11.94	38.21	100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Column 6, Section 10	16.56	21.40	11.88	11.94	38.21	100.00	X X X	X X X	X X X	100.00	X X X
13.	Total Privately Placed Bonds											
13.1	Issuer Obligations										X X X	
13.2	Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
13.3	Defined										X X X	
13.4	Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:												
13.5	Defined										X X X	
13.6	Other										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - PART 2
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	1,022,029	1,022,029			
2.	Cost of short-term investments acquired					
3.	Increase (decrease) by adjustment					
4.	Increase (decrease) by foreign exchange adjustment					
5.	Total profit (loss) on disposal of short-term investments					
6.	Consideration received on disposal of short-term investments	19,829	19,829			
7.	Book/adjusted carrying value, current year	1,002,200	1,002,200			
8.	Total valuation allowance					
9.	Subtotal (Lines 7 plus 8)	1,002,200	1,002,200			
10.	Total nonadmitted amounts					
11.	Statement value (Lines 9 minus 10)	1,002,200	1,002,200			
12.	Income collected during year	7,170	7,170			
13.	Income earned during year	7,703	7,703			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

45 Schedule DB Part A Verification - NONE

45 Schedule DB Part B Verification - NONE

46 Schedule DB Part C Verification - NONE

46 Schedule DB Part D Verification - NONE

46 Schedule DB Part E Verification - NONE

47 Schedule DB Part F Sn 1 - Sum Replicated Assets - NONE

48 Schedule DB Part F Sn 2 - Recon Replicated Assets - NONE

49 Schedule S - Part 1 - Section 2 - NONE

SCHEDULE S - PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
90611	41-1366075 ...	01/01/2003	ALLIANZ LIFE INS CO OF NORTH AMER	Minneapolis, Minnesota	21,784	
0599999 Total - Accident and Health, Non-Affiliates					21,784	
0699999 Totals - Accident and Health					21,784	
0799999 Totals - Life, Annuity and Accident and Health					21,784	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
90611	41-1366075 ...	01/01/2003	ALLIANZ LIFE INS CO OF NORTH AMER	Minneapolis, Minnesota	SSL/L .....	..... 841,273	.....	.....	.....	.....	.....	.....
0299999 Total - Non-Affiliates .....						..... 841,273	.....	.....	.....	.....	.....	.....
0399999 Totals .....						..... 841,273	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
					N O N E								
1199999 Totals (General Account and Separate Accounts combined)

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2003	2 2002	3 2001	4 2000	5 1999
A. OPERATIONS ITEMS					
1. Premiums	841	889	897	1,295	767
2. Title XVIII-Medicare				76	
3. Title XIX - Medicaid		194	212	298	928
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	841	1,083	1,109	1,669	1,695
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	22	247	339	1,146	2,433
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	53,782,890		53,782,890
2. Accident and health premiums due and unpaid (Line 12)	1,004,590		1,004,590
3. Amounts recoverable from reinsurers (Line 13.1)	21,783	(21,783)	
4. Net credit for ceded reinsurance	X X X	21,783	21,783
5. All other admitted assets (Balance)	2,764,126		2,764,126
6. Total assets (Line 26)	57,573,389		57,573,389
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	24,086,181		24,086,181
8. Accrued medical incentive pool and bonus payments (Line 2)	365,593		365,593
9. Premiums received in advance (Line 8)	1,883,897		1,883,897
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	830,111		830,111
12. Total liabilities (Line 22)	27,165,782		27,165,782
13. Total capital and surplus (Line 30)	30,407,607	X X X	30,407,607
14. Total liabilities, capital and surplus (Line 31)	57,573,389		57,573,389
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses	21,783		
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables	21,783		
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance	21,783		

SCHEDULE Y (continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	38-3175878 ..	ST. JOSEPH ANN ARBOR .....			.....		50,640,009		.....		50,640,009	.....
.....	38-2663747 ..	TRINITY HEALTH PLANS .....			.....		31,032,073		.....		31,032,073	.....
.....	38-2507173 ..	CATHERINE MCAULEY HEALTH SERVICES .....			.....		3,269,118		.....		3,269,118	.....
.....	38-3176445 ..	ST. MARY'S HEALTH .....			.....		2,485,543		.....		2,485,543	.....
.....	38-3176536 ..	ST. JOSEPH HOSPITAL PONTIAC .....			.....		1,257,865		.....		1,257,865	.....
.....	38-2947657 ..	MERCY MT. CLEMENS .....			.....		1,010,805		.....		1,010,805	.....
.....	38-3175874 ..	MERCY HOSPITAL MUSKEGON .....			.....		967,959		.....		967,959	.....
.....	38-3280200 ..	WESTSHORE HEALTH NETWORK .....			.....		540,259		.....		540,259	.....
.....	38-3521763 ..	ST. MARY'S MERCY HOSPITAL .....			.....		404,108		.....		404,108	.....
.....	38-3274342 ..	MERCY HOSPITAL PORT HURON .....			.....		353,440		.....		353,440	.....
.....	38-3176540 ..	SALINE COMMUNITY HOSPITAL .....			.....		297,530		.....		297,530	.....
.....	38-3409806 ..	MERCY OAKLAND PHYSICIAN NETWORK .....			.....		226,125		.....		226,125	.....
.....	38-3176225 ..	MCPHERSON HOSPITAL .....			.....		196,104		.....		196,104	.....
.....	38-3175874 ..	MERCY GENERAL HEALTH PARTNERS .....			.....		89,374		.....		89,374	.....
.....	38-3146499 ..	ADVANTAGE HEALTH .....			.....		83,250		.....		83,250	.....
.....	38-2684671 ..	MIDWEST MEDFLIGHT .....			.....		79,877		.....		79,877	.....
.....	38-3176457 ..	ST. JOSEPH MERCY OAKLAND .....			.....		63,823		.....		63,823	.....
.....	38-3175868 ..	MCPHERSON HOME CARE .....			.....		57,236		.....		57,236	.....
.....	38-2884297 ..	TRI HOSPITAL MRI CENTERS .....			.....		46,753		.....		46,753	.....
.....	38-3082434 ..	MACOMB MRI CENTERS, INC .....			.....		32,222		.....		32,222	.....
.....	38-3229573 ..	MERCY HOSPITAL GRAYLING .....			.....		30,317		.....		30,317	.....
.....	38-3320707 ..	HOSPICE OF WASHTENAW .....			.....		26,142		.....		26,142	.....
.....	38-3320700 ..	ST. MARY'S AMICARE HOME SERVICES .....			.....		20,071		.....		20,071	.....
.....	38-3229575 ..	MERCY HOSPITAL CADILLAC .....			.....		13,234		.....		13,234	.....
.....	38-2683522 ..	MCAULEY PHARMACY INC. ....			.....		13,106		.....		13,106	.....
.....	38-3321856 ..	AMICARE HOME HEALTHCARE MUSKEGON .....			.....		11,485		.....		11,485	.....
.....	38-2776791 ..	MERCY HOSPITAL BATTLE CREEK .....			.....		9,313		.....		9,313	.....
.....	38-3320701 ..	MERCY AMICARE HOME HEALTH CARE .....			.....		6,548		.....		6,548	.....
.....	38-3320698 ..	MERCY AMICARE .....			.....		4,210		.....		4,210	.....
.....	31-1407377 ..	SIOUX CITY, MERCY MEDICAL CENTER .....			.....		2,468		.....		2,468	.....
.....	38-3313897 ..	MERCY NORTH HOME CENTER HOSPICE .....			.....		451		.....		451	.....
.....	38-3176453 ..	MCPHERSON HOSPITAL .....			.....		58		.....		58	.....
95452 ..	38-2694901 ..	CARE CHOICES HMO .....			.....		(93,270,876)		.....		(93,270,876)	.....
9999999 Totals .....					.....				X X X			.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
MARCH FILING	
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
6. Will the SVO Compliance Certification be filed by March 1?	No
7. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	No
8. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
9. Will Management's Discussion and Analysis be filed by April 1?	Yes
10. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
11. Will the Investment Risks Interrogatories be filed by April 1?	Yes
JUNE FILING	
12. Will an audited financial report be filed by June 1 with the state of domicile?	Yes
Explanations:	

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



954522003360000002003Document Code: 360

SVO Compliance Certification



954522003470000002003Document Code: 470

Health Life Supplement



954522003205000002003Document Code: 205

Health Property / Casualty Supplement



954522003207000002003Document Code: 207

LTC Experience Reporting Form C



954522003330000002003Document Code: 330

OVERFLOW PAGE FOR WRITE-INS

LS1 Life Supplement Title Page - NONE

LS2 Exhibit 5 - Aggregate Reserve for Life - NONE

LS3 Exhibit 5 - Interrogatories - NONE

LS4 Exhibit 7 - Deposit Type Contracts - NONE

LS5 Schedule S - Part 1 - Section 1 - NONE

LS6 Schedule S - Part 3 - Section 1 - NONE

OVERFLOW PAGE FOR WRITE-INS

PS1	Property Supplement Title Page -	NONE
PS2	Schedule F Part 1 Assumed Reinsurance -	NONE
PS3	Schedule F Part 3 Ceded Reinsurance -	NONE
PS4	Schedule P - Part 1 Summary -	NONE
PS5	Schedule P - Part 1A -	NONE
PS6	Schedule P - Part 1B -	NONE
PS7	Schedule P - Part 1C -	NONE
PS8	Schedule P - Part 1D -	NONE
PS9	Schedule P - Part 1E -	NONE
PS10	Schedule P - Part 1F Sn 1 -	NONE
PS11	Schedule P - Part 1F Sn 2 -	NONE
PS12	Schedule P - Part 1G -	NONE
PS13	Schedule P - Part 1H Sn 1 -	NONE
PS14	Schedule P - Part 1H Sn 2 -	NONE
PS15	Schedule P - Part 1I -	NONE
PS16	Schedule P - Part 1J -	NONE
PS17	Schedule P - Part 1K -	NONE
PS18	Schedule P - Part 1L -	NONE
PS19	Schedule P - Part 1M -	NONE
PS20	Schedule P - Part 1N -	NONE
PS21	Schedule P - Part 1O -	NONE

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